

Fill in this information to identify the case:

United States Bankruptcy Court for the:

District of Nevada  
(State)Case number (if known): BK-18-50412-gwz Chapter 11☒ Check if this is an amended filing

## Official Form 205

**Involuntary Petition Against a Non-Individual**

12/15

Use this form to begin a bankruptcy case against a non-individual you allege to be a debtor subject to an involuntary case. If you want to begin a case against an individual, use the *Involuntary Petition Against an Individual* (Official Form 105). Be as complete and accurate as possible. If more space is needed, attach any additional sheets to this form. On the top of any additional pages, write debtor's name and case number (if known).

**Part 1: Identify the Chapter of the Bankruptcy Code Under Which Petition Is Filed**

## 1. Chapter of the Bankruptcy Code

Check one:

- ☐ Chapter 7  
☒ Chapter 11

**Part 2: Identify the Debtor**

## 2. Debtor's name

Medizone International, Inc.

## 3. Other names you know the debtor has used in the last 8 years

Include any assumed names, trade names, or doing business as names.

## 4. Debtor's federal Employer Identification Number (EIN)

☐ Unknown87-0412648

EIN

## 5. Debtor's address

Principal place of business

350 E. Michigan Ave.

Number Street

Ste. 500Kalamazoo

City

MI 49007

State ZIP Code

Kalamazoo

County

Mailing address, if different

c/o The Corporation Trust Co. of Nevada

Number Street

701 S. Carson St., Ste. 200

P.O. Box

Carson City NV 89701

City State ZIP Code

Location of principal assets, if different from principal place of business

Number Street

City State ZIP Code

Debtor Medizone International, Inc. Case number (if known) BK-18-50412-gwz

6. Debtor's website (URL) www.medizoneint.com

7. Type of debtor

- ☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))  
☐ Partnership (excluding LLP)  
☐ Other type of debtor. Specify: \_\_\_\_\_

8. Type of debtor's business

Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Railroad (as defined in 11 U.S.C. § 101(44))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))  
☒ None of the types of business listed.  
☐ Unknown type of business.

9. To the best of your knowledge, are any bankruptcy cases pending by or against any partner or affiliate of this debtor?

- ☒ No  
☐ Yes. Debtor \_\_\_\_\_ Relationship \_\_\_\_\_  
District \_\_\_\_\_ Date filed \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY  
Debtor \_\_\_\_\_ Relationship \_\_\_\_\_  
District \_\_\_\_\_ Date filed \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY

**Part 3:**

**Report About the Case**

10. Venue

Check one:

- ☒ Over the last 180 days before the filing of this bankruptcy, the debtor had a domicile, principal place of business, or principal assets in this district longer than in any other district.  
☐ A bankruptcy case concerning debtor's affiliates, general partner, or partnership is pending in this district.

11. Allegations

Each petitioner is eligible to file this petition under 11 U.S.C. § 303(b).

The debtor may be the subject of an involuntary case under 11 U.S.C. § 303(a).

At least one box must be checked:

- ☒ The debtor is generally not paying its debts as they become due, unless they are the subject of a bona fide dispute as to liability or amount.  
☐ Within 120 days before the filing of this petition, a custodian, other than a trustee, receiver, or an agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.

12. Has there been a transfer of any claim against the debtor by or to any petitioner?

- ☒ No  
☐ Yes. Attach all documents that evidence the transfer and any statements required under Bankruptcy Rule 1003(a).

Debtor Medizone International, Inc.  
NameCase number (if known) BK-18-50412-gwz

13. Each petitioner's claim	Name of petitioner	Nature of petitioner's claim	Amount of the claim above the value of any lien
	<u>Edwin G. Marshall</u>	<u>Promissory Note</u>	\$ <u>1,118,448.00</u>
	<u>Dr. Jill C. Marshall</u>	<u>Promissory Note</u>	\$ <u>466,812.00</u>
	<u>Ushio America, Inc.</u>	<u>Trade Debt</u>	\$ <u>6,750.00</u>
Total of petitioners' claims			\$ <u>1,620,915.42</u>

If more space is needed to list petitioners, attach additional sheets. Write the alleged debtor's name and the case number, if known, at the top of each sheet. Following the format of this form, set out the information required in Parts 3 and 4 of the form for each additional petitioning creditor, the petitioner's claim, the petitioner's representative, and the petitioner's attorney. Include the statement under penalty of perjury set out in Part 4 of the form, followed by each additional petitioner's (or representative's) signature, along with the signature of the petitioner's attorney.

**Part 4: Request for Relief**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Petitioners request that an order for relief be entered against the debtor under the chapter of 11 U.S.C. specified in this petition. If a petitioning creditor is a corporation, attach the corporate ownership statement required by Bankruptcy Rule 1010(b). If any petitioner is a foreign representative appointed in a foreign proceeding, attach a certified copy of the order of the court granting recognition.

I have examined the information in this document and have a reasonable belief that the information is true and correct.

**Petitioners or Petitioners' Representative****Attorneys****Name and mailing address of petitioner**Edwin G. Marshall

Name

c/o Meyers Law Group, P.C., 44 Montgomery St., Ste. 1010

Number Street

San Francisco CA 94104

City

State

ZIP Code

**Name and mailing address of petitioner's representative, if any**

Name

Number Street

City

State

ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

4.20.18  
MM/DD/YYYY

[Signature]  
Signature of petitioner or representative, including representative's title

Merle C. Meyers, Esq.

Printed name

Meyers Law Group, P.C.

Firm name, if any

44 Montgomery St., Ste. 1010

Number Street

San Francisco

City

State

94104

ZIP Code

Contact phone (415) 362-7500Email mmeyers@meyerslawgroup.comBar number 66849

State

CA

Signature of attorney

Date signed

04/20/2018  
MM/DD/YYYY

Debtor

Medizone International, Inc.

Case number BK-18-50412-gwz

## Name and mailing address of petitioner

Dr. Jill C. Marshall

Name

c/o Meyers Law Group, P.C., 44 Montgomery St., Ste. 1010

Number Street

San Francisco

CA

94104

City

State

ZIP Code

## Name and mailing address of petitioner's representative, if any

Name

Number Street

City

State

ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 04/20/2018

MM / DD / YYYY

x *Jill C Marshall*  
 Signature of petitioner or representative, including representative's title

## Name and mailing address of petitioner

Ushio America, Inc.

Name

5440 Cerritos Ave.

Number Street

Cypress

CA

90630

City

State

ZIP Code

## Name and mailing address of petitioner's representative, if any

Name

Number Street

City

State

ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 04/19/2018

MM / DD / YYYY

x *Holger Claus, VP*  
 Signature of petitioner or representative, including representative's title

Merle C. Meyers, Esq.

Printed name

Meyers Law Group, P.C.

Firm name, if any

44 Montgomery St., Ste. 1010

Number Street

San Francisco

CA

94104

City

State

ZIP Code

Contact phone (415) 362-7500

Email mmeyers@meyerslawgroup.com

Bar number 66849

State

Signature of attorney

Date signed

MM / DD / YYYY

Printed name

Firm name, if any

Number Street

City

State

ZIP Code

Contact phone

Email

Bar number

State

Signature of attorney

Date signed

MM / DD / YYYY

